



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4720

SERIAL NUMBER 10/725,037	FILING OR 371(c) DATE 12/02/2003 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 54074D4
-----------------------------	--	--------------	------------------------	-----------------------------------

## APPLICANTS

Mark Zoller, San Diego, CA;  
 Xiaodong Li, San Diego, CA;  
 Lena Staszewski, San Diego, CA;  
 Shawn O'Connell, Encinitas, CA;  
 Sergey Zozulya, San Diego, CA;  
 Jon Elliot Adler, San Diego, CA;  
 Hong Xu, San Diego, CA;  
 Fernando Echeverri, Chula Vista, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

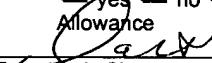
This application is a DIV of 10/179,373 06/26/2002 which is a CIP of 10/035,045 01/03/2002  
 which is a CIP of 09/897,427 07/03/2001 PAT 6,955,887  
 and claims benefit of 60/300,434 06/26/2001  
 and claims benefit of 60/304,749 07/13/2001  
 and claims benefit of 60/310,493 08/08/2001  
 and claims benefit of 60/331,771 11/21/2001  
 and claims benefit of 60/339,472 12/14/2001

and claims benefit of 60/372,090 04/15/2002  
 and claims benefit of 60/374,173 04/22/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

mc 9/17/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged Examiner's Signature  Initials				

## ADDRESS

21967

## TITLE

Isolated (T1R2/T1R3) sweet taste receptors that respond to sweet taste stimuli

FILING FEE RECEIVED 594	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
----------------------------	---	--